EXTENDED TO NOVEMBER 16, 2020

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A F	or th	2019 calendar year, or tax year beginning	and	l ending		
Во	Check if applicabl	C Name of organization RONALD MCDONALD HOUSE	OF CHAPEL HILL		D Employer ident	ification number
	Addre	SS TATO	Or CHILL THE HEAD			,
	_]chang _Name chang				56-1413	188
	loitial	Number and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone num	
Í	Teturn	101 OLD MASON FARM ROA	919-913			
	termin ated	City or town, state or province, country, and			G Gross receipts \$	6,573,358.
	Amen	CHAPED HEDD, MC 4/31/			H(a) Is this a group	
L	Application Jendin	Finance and address of principal officer: 11152			for subordinat	· · · · · · · · · · · · · · · · · · ·
		TOT OFD MASON FARM KOAD			l .	s included? Yes No
) 4 (insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)
		e: WWW.RMH-CHAPELHILL.ORG	b		H(c) Group exemp	
			ssociation Other >	L Year	of formation: 1984	M State of legal domicile; NC
P	ırt I	Summary		DOTTER	A TIOME ADT	AV DDOM HOMB
ä		Briefly describe the organization's mission or mos FOR FAMILIES OF SERIOUSLY				AY-FROM-HOME
Governance						
err		Check this box if the organization disco	·			3 21
Ĝ		Number of voting members of the governing body Number of independent voting members of the go				21
		Fotal number of individuals employed in calendar			·····	5 27
Activities &		Total number of volunteers (estimate if necessary)				3498
tívi		Fotal unrelated business revenue from Part VIII, co				
Ă		Net unrelated business taxable income from Form				
					Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)			1,345,185	
Revenue					205,850	244,418.
eve		nvestment income (Part VIII, column (A), lines 3, 4			155,533	816,242.
Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		1	321,450	. 319,130.
		Total revenue - add lines 8 through 11 (must equa			2,028,018	
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (/	4), line 4)		0	
δί	1 5	Salaries, other compensation, employee benefits (881,949		
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0	0.,
хbе		Fotal fundraising expenses (Part IX, column (D), lin	-			
Ш		Other expenses (Part IX, column (A), lines 11a-11d			1,081,202	
		Fotal expenses. Add lines 13-17 (must equal Part I			1,963,151	, , , , , , , , , , , , , , , , , , ,
		Revenue less expenses. Subtract line 18 from line	12		64,867	
S. Or					pinning of Current Year	
SSE	20	, , , , , , , , , , , , , , , , , , , ,	***************************************		$\frac{13,021,522}{272,120}$	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	the co	-	273,120 12,748,402	
	22 rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		12,140,402	• T T T T T T T T T T T T T T T T T T T
		ties of perjury, I declare that I have examined this return	including accompanying schedules	and claiomo	nte and to the hest of o	ny knowledge and belief it is
		, and complete. Declaration of preparer (other than office				ny kilowicago alto bellet, k lo
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,777	Michael Sunbal	in 7 to Edoto City an intermediation of wi	1011 10 1111111111111111111111111111111		2020
Sign		Signature of officer		and the state of t	Date	
Here	- 1	HEATHER SHANAHAN, EXEC	UTIVE DIRECTOR			W-
T-MANAGEMENT		Type or print name and title				
	1	Print/Type preparer's name	Preparer's signature		ale Check	PTIN
Paid		PAUL MILLER	Daw B. miller	9A 8	3-13-1020 Sell-emp	
Prepa		Firm's name KOONCE, WOOTEN &	HAYWOOD, LLP	and the Atlanta of the Atlanta of Annihold St. All States and Annihold St.	Firm's EtN 🛌	56-0517823
Use (Only	Firm's address P. O. BOX 17806	0 700 <i>C</i>			1ለ ማፅዓ በላረር
	<u> </u>	RALEIGH, NC 2761			Phone no. 9	19-782-9265
VIav.	the IE	S discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE RONALD MCDONALD HOUSE OF CHAPEL HILL IS TO PROVIDE
	A HOME-AWAY-FROM-HOME FOR FAMILIES OF SERIOUSLY ILL CHILDREN WHO MUST
	TRAVEL FROM ACROSS NORTH CAROLINA AND BEYOND FOR SPECIALIZED MEDICAL
	TREATMENT AT AREA HOSPITALS. IN ADDITION TO SAFE AND SUPPORTIVE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 806, 569 •including grants of \$) (Revenue \$244, 418 •)
	THE MISSION OF THE RONALD MCDONALD HOUSE OF CHAPEL HILL, INC. IS TO
	PROVIDE A "HOME-AWAY-FROM HOME" FOR FAMILIES OF SERIOUSLY ILL OR
	INJURED CHILDREN WHO MUST TRAVEL FROM ACROSS NORTH CAROLINA AND BEYOND
	FOR SPECIALIZED MEDICAL CARE. SINCE OPENING ITS DOORS IN 1988, THE
	RONALD MCDONALD HOUSE OF CHAPEL HILL HAS SERVED MORE THAN 42,000
	FAMILIES FROM NORTH CAROLINA AND BEYOND. IN 2015, THE HOUSE EXPANDED
	ITS FOOTPRINT FOR THE SECOND TIME SINCE OPENING ITS DOORS IN 1988,
	NEARLY DOUBLING ITS CAPACITY TO SERVE FAMILIES WITH 53 UNIQUE ROOMS.
	THE HOUSE NOW OPERATES WITH SHORT TERM ROOMS FOR FAMILIES THAT STAY 11
	DAYS OR LESS. LONG TERM ROOMS ARE AVAILABLE FOR FAMILIES THAT STAY FOR
	PERIODS THAT EXTEND INTO MONTHS. THERE ARE ALSO 7 FULLY FUNCTIONAL, 2
	ROOM APARTMENTS FOR CHILDREN THAT HAVE A PLAN OF TREATMENT THAT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
411	(Code: //Cxhaises 4
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1.806.569.

Form **990** (2019)

56-1413188 Page 3 Form 990 (2019) INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		77
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		***
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		- 2\
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	V-2	23325224	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	X	
	Part VI	114		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1 113		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	- 1.0		
a		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's separate or consolidated in an example of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.0	Schedule D. Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
٧	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the s	14a		X_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F. Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ <u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٧,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	<u> </u>	X
20a		20a	ļ	<u> </u>
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	<u> 4 </u>	222	1 41

orm	RONALD MCDONALD HOUSE OF CHAPEL HILL 990 (2019) INC. 56-141	3188	Pa	aqe 4
Par	t IV Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		169	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27	40000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	£5377051	46,550	4354 435
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 200	-	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		Х
	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Screenie in	-		
30		30		X
	contributions? If "Yes," complete Schedule M			Х
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	—	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b	╄	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	30	 	 ^^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3,	1	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Fart VI, into FTD and TO:	. 38	Х	<u> </u>
Pа	Note: All Form 990 filers are required to complete Schedule O			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	_0		
		11 (1996)	A PARK	4 (2003年)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

orm	990 (2019) INC. 56-1413	188	Р	_{age} 5				
5ar				г				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	68,750		95555				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	2001200	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1000000		ASSES				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1000				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	2000.000					
7	Organizations that may receive deductible contributions under section 170(c).		9146	100000				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	8888	WEST.	3500				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	ļ				
h	to the contribution of some basis givelence, or other vehicles, did the organization file a Form 1098-C?							
8	the state of the s							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	the state of the s	9a		<u> </u>				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		22.00				
0	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)		1 (3)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 2010-004	9 00000				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	153,1453	\$10000 1	3 55349				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 1173411	1 111110				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	1983,593	4 848.66	((6)40				
i4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15	9 304533F	X				
	If "Yes," see instructions and file Form 4720, Schedule N.	550,335	1000000	3 4446				

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

56-1413188 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 b Enter the number of voting members included on line 1a, above, who are independent _______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X d8 b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) X Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

27514

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statements available to the public during the tax year.

HEATHER SHANAHAN - 919-913-2040

OLD MASON FARM ROAD, CHAPEL HILL,

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Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

the state of the s

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related o	orga	niza	tion	con	pen	sate		rector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi heck r	ition nore) than c	ne	Reportable	Reportable	Estimated
	hours per	box.	box, unless person is both an officer and a director/trustee)		an	compensation	compensation	amount of other		
	week		,e, at	o a di		17.003	,	from	from related	compensation
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)	(** 2) 1000 141100)	organization
	organizations	ruste	l trus		aa/	mpen		(** 2) 1000 111100)		and related
	below	dual t	utiona	با	mplo	st co oyee	故			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Form			
(1) JOSH TILLEY	1.00									0
PRESIDENT		Х		Х				0.	0.	0.
(2) JULIE CURD	1.00								0	0
TREASURER		X		Х				0.	0.	0.
(3) JOE BRESCHI	1.00								0	0
BOARD MEMBER		X			L	<u> </u>		0.	0.	0.
(4) MATT COWARD	1.00							_	0.	0.
BOARD MEMBER	4 00	X		_		<u> </u>		0.	U.	<u> </u>
(5) MELANIE DAWES	1.00							_	٥	0.
BOARD MEMBER		X				ļ		0.	0.	<u> </u>
(6) JIM GOODWIN	1.00	l							0.	0.
BOARD MEMBER		X	ļ			ऻ_		0.	0.	0.
(7) JASON HESTER	1.00								0	0.
BOARD MEMBER		X						0.	0.	U •
(8) ELIZABETH MAUCH	1.00							_	^	0.
BOARD MEMBER		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) DAVID MCINTEE	1.00								,	0.
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(10) ROB ORR	1.00								0.	0.
BOARD MEMBER	1 00	X		<u> </u>		<u> </u>	<u> </u>	0.	U.	V •
(11) JOE PARRISH	1.00							0.	0.	0.
BOARD MEMBER	1 00	X		<u> </u>	ļ	-	\vdash	U •	V •	
(12) REAGAN PRUITT	1.00	۱,,						0.	0.	0.
BOARD MEMBER	1 00	X	_	ļ	-	-	<u> </u>	0.	· ·	
(13) TODD ROESSLER	1.00	,,						0.	0.	0.
BOARD MEMBER	1 00	X		 		╀	_	U •	U •	
(14) RAY SANTOS	1.00	١.,						0.	0.	0.
BOARD MEMBER	1 00	x	⊢		-	┼	 	<u> </u>	0.	<u> </u>
(15) KATE SHULTS	1.00	١.,					1	0.	0.	0.
BOARD MEMBER	1 00	X	 	 	\vdash	┼	-	U •	0.	
(16) ADRIAN SMITH	1.00	۱.,	1					0.	0.	0.
BOARD MEMBER	1 00	X	 	┼	\vdash	┼	├	0.	U •	
(17) RUTHANN THOMAS	1.00	7.						0.	0.	0.
BOARD MEMBER	<u> </u>	X					<u> </u>	<u> </u>	·	Form 990 (2019)

56-1413188

INC.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	it C	ompensated Employee	s (continued)	
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average	(da		Pos) than e	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson l	ls both or/trus	n an	compensation	compensation	amount of other
	week (list any	-					1	from the	from related organizations	compensation
	hours for	ndividual trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	10 93	stee			nsate		(W-2/1099-MISC)	(11 27 1000 1110 2)	organization
	organizations	truste	nstitutional trustee		ye.	iad III.				and related
	below	idua	tutíon	 	Key employee	est co	द्ध			organizations
	line)	Indiv	Instil	Officer	Key 6	Highest compensated employee	Former			
(18) JESSICA THRONEBURG	1.00									
BOARD MEMBER		X						0.	0.	0.
(19) SCOTT WASHLE	1.00									
BOARD MEMBER		X						0.	0.	0.
(20) JAY WATSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) CHARLES WILKINS	1.00									
BOARD MEMBER		x				-		0.	0.	0.
(22) HEATHER SHANAHAN	40.00				Π					
ED (FR:AUG'19);BOD (THRU JUL'19)		1		x				43,678.	0.	0.
(23) LIZ SNYDER	40.00	1		Г		\vdash				
EXECUTIVE DIRECTOR (THRU AUG 2019)		1		х				73,819.	0.	3,691.
		İ								
		1								
		ļ —		\vdash		Г				
		1								
				 	1	\vdash				
		1								
1b Subtotal		I	<u>. </u>	!	٠.	J	—	117,497.	0.	3,691.
c Total from continuation sheets to Part V								0.	0.	
d Total (add lines 1b and 1c)								117,497.	0.	3,691.
Total (add lines in and it) Total number of individuals (including but in a discount in a disc	not limited to th	0.00	liste	d ah	nove	a) wh	o re		000 of reportable	
compensation from the organization	tot minica to an	1000	1010	ici cir	3070	<i>,</i>		5001,00 111010 till. 4 . 4 . 4		0
compensation from the organization										Yes No
3 Did the organization list any former office	director trust	ee l	cev s	mn	love	e or	hio	hest compensated empl	ovee on	
line 1a? If "Yes," complete Schedule J for										3 X
	such individual um of reportab	 ام در			rtion			ner compensation from t	ne organization	
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										4 X
										### 1555 AMA
										5 X
rendered to the organization? If "Yes." cor Section B. Independent Contractors	mpiete Schedul	e ./ .)	or si	Юn	oers	son_			***************************************	1 0 1
	annoposted inc	done	ndo	nt o	ontr	anto	re th	hat received more than \$	100 000 of compens	ation from
1 Complete this table for your five highest of the organization. Report compensation for										acion ironi
	trie Caleridar y	Gar t	5 (1)	ig w	/1811 (Ot 141	LJ III	(B)		(C)
(A) Name and busines	s address	N	ONI	₹:				Description of s	ervices	Compensation
		41	<u> </u>							
A TALL STATE OF THE STATE OF TH	ت المسالم المسالم المسالم	nt 12		4 4 ~	+h ~	00 1:-	+0-	aboue) who received me	ore than	
2 Total number of independent contractors		OL III	ние	u (O		se IIs O	ieu	anove) who received life	oro triatr	
\$100,000 of compensation from the organ	izauori 🚩	_							1	Form 990 (2019)

INC.

Par	t VII	Statement of Rev	/enu	e						
		Check if Schedule O c	ontair	ns a re	sponse o	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in II Total. Add lines 1a-1f	butiongrants,	ns)	1a 1b 1c 1d 1e 1f 1g \$	1,026,691. 211,339.	1,026,691.			3000
Oe		Total. Add lines ra-11		********		Business Code				
Program Service Revenue	2 a b c d					532000	244,418.	244,418.		
5 B	е									
۵		All other program service r					244,418.			
Hair	<u>g</u> 3	Total. Add lines 2a-2f	ling di	ividen	ds, intere	st, and ▶	97,965.			97,965.
	4	Income from investment o	f tax-e	exemp	t bond p	roceeds				
	5	Royalties	······		<u></u>					
	6 a b		6a 6b	(i)	Real	(ii) Personal				
	c	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6c							
		Net rental income or (loss)								
		Gross amount from sales of		(i) Se	curities	(ii) Other				
en	b	assets other than inventory Less: cost or other basis and sales expenses	7a 7b	3,8:	13,764. 95,487.					
Revenue	С	Gain or (loss)	7c	7:	18,277.					719 277
Other Re	d	Net gain or (loss) Gross income from fundraisir including \$	ng eve	nts (no	of	>	718,277.			718,277.
	b	contributions reported on Part IV, line 18 Less: direct expenses			8a	574,197. 271,390.	〓 : : : : : : : : : : : : : : : : : : :			
		Net income or (loss) from					302,807.			302,807.
	9 a	Gross income from gamin	g acti	ivities.	See 9a		<u> </u> -			
		Less: direct expenses					egy transmit a confermation from the AAS			
		: Net income or (loss) from								
	10 a	Gross sales of inventory, I			L L					
		and allowances 10a								
		Less: cost of goods sold Net income or (loss) from				<u> </u>				
_		: Net income or (loss) from	Sales	OFFIC	oritory	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOM	E			532000	16,323.	16,323		
ella	C									
<u> </u>	d	All other revenue								
≥	е	Total. Add lines 11a-11d				>	16,323.	· · · · · · · · · · · · · · · · · · ·		4 440 040
	12	Total revenue, See instruction				_	2,406,481.	260,741	0	1,119,049.

Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 6,244. 91,260. 23,684. trustees, and key employees 121,188. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 72,179. 575,337. 15,528. 663,044. 7 Other salaries and wages Pension plan accruals and contributions (include <u>24,3</u>10. 20,664. 1,215. 2.431. section 401(k) and 403(b) employer contributions) 73,542. 4,326. 8,652. 86,520. Other employee benefits 9 2,895. 5,791. 49,219. 57,905. 10 Payroll taxes Fees for services (nonemployees): 11 a Management b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 24,070. 24,070. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 8,006. 21,991. 29,997. Advertising and promotion 12 12,202. 3,051. 5,085. 20,338. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy Travel _____ 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 2,149. 3,580. 8,595. 14,324. Conferences, conventions, and meetings 19 1.401. 29. 29. 1,459. Interest 20 Payments to affiliates _____ 21 6,539. 326,931. 313,853. 6,539. Depreciation, depletion, and amortization 22 748. 748. 37,381. 35,885. 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 244,534. 244,534. GUEST SERVICES/FAMILY A 196,358. 131,560. 64,798. CONTRACT SERVICES 1,909. 95,446. 1,909. 91,628. c REPAIRS AND MAINTENANCE 1,703. 1,703. 81,757. 85,163. UTILITIES 67,126. 56,512. 13,539. 137,177. e All other expenses 2,166,145. 209,156. 150,420. 1,806,569. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Par	990 (2 t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	147,783.	1	244,009.
	2	Savings and temporary cash investments	250,364.	2	113,144.
	3	Pledges and grants receivable, net	114,191.	3	
	4	Accounts receivable, net	4,393.	4	6,417.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	10,000.	9	3,560.
	E	Land, buildings, and equipment: cost or other			
	104	basis Complete Part VI of Schedule D 10a 12, 283, 243.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 12,283,243. 10b 3,205,558.	9,328,835.	10c	
	11	Investments - publicly traded securities	2,124,301.	11	2,275,150.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,041,655.	15	1,041,655.
	16	Total assets, Add lines 1 through 15 (must equal line 33)	13,021,522.	16	
	17	Accounts payable and accrued expenses	35,831.	17	43,992.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
10	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		i Minis	
ig		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	237,289.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			27 015
		of Schedule D	0.	1	37,015.
	26	Total liabilities, Add lines 17 through 25	273,120.	26	81,007.
		Organizations that follow FASB ASC 958, check here			
è		and complete lines 27, 28, 32, and 33.	4 (0) 54	, Colores	44 550 000
anc	27	Net assets without donor restrictions	11,626,747.	27	11,553,832.
Bal	28	Net assets with donor restrictions	1,121,655.	28	1,126,781.
'n	İ	Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.		1406099	
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	10 740 400	31	12 600 612
Net Assets or Fund Balances	32	Total net assets or fund balances	12,748,402.		12,680,613. 12,761,620.
_	33	Total llabilities and net assets/fund balances	13,021,522.	33	Form 990 (2019)

	KONALD MCDONALD HOODE OF CAME 22 ATTE	56-	1413188	Pan	e 12
orm	990 (2019) INC.		<u> </u>	Lag	<u> </u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		. 1	2,406		1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,166		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,33	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,748		
5	Net unrealized gains (losses) on investments	5	-308	5,⊥∠	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,680	0,6 <u>1</u>	<u> 13.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	CHOCK I CANCELLE T			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	F-1000		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	413.534	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		35000	isanini 	10.00
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			State of the state	UMAS.
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
v	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C		AN HAY	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Auc	lit		
Ja	Act and OMB Circular A-133?		За		X
h	If "Ves " did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it		
ט	or guidite, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	red aud	т 3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust,

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. RONALD MCDONALD HOUSE OF CHAPEL HILL

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number 56-1413188

	INC.						5	<u>6-141318</u>	18 18		
Part I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.					
2.7	ization is not a private founda										
						VAVI)					
1	A church, convention of chu					V-Viv					
2	A school described in secti										
3 🔛	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(iii	i) .					
4	A medical research organiza	ation operated in cor	ijunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's n	ame,		
	city, and state:										
5	An organization operated fo	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental un	it describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
		al, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6 - 🔻	A rederal, state, or local gov	eral, state, or local government or governmental unit described in Section 170(b) (1/A)(v). ganization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
7 X			that part of its support if	om a gove	a a a a a a a a a a a a a a a a a a a	31110 02 11 0111 01	5 go/10.0.				
	section 170(b)(1)(A)(vi). (Co										
8 🖳	A community trust describe										
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	and-grant	college			
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of t	he college	or			
	university:										
10	An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	ort from o	ontribution	ns, membersh	ip fees, an	d gross receipt	s from		
	activities related to its exem	int functions - subjec	t to certain exceptions.	and (2) no	more than	33 1/3% of its	s support f	rom gross inve	stment		
	income and unrelated busin	nece tavable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1	975.		
			hood opened at 1 tany in a	.,,		, ,					
—	See section 509(a)(2). (Cor An organization organized a		valu to toot for public eaf	fotu Soo i	eaction 50	10/21/41					
11	An organization organized a	and operated exclusion	very to test for public sai	narfarm H	action of	so of orto car	ne out the	nurnoses of on	e or		
12 🔲	An organization organized a	and operated exclusi	vely for the benefit of, to	perioriti u	read-Man	o	notatio	haak tha hay i	n		
	more publicly supported org							PLIECK THE DOX I	11		
	lines 12a through 12d that	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and	12g.				
a L	Type I. A supporting orga	inization operated, si	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	ipporting			
	organization. You must o	omplete Part IV, Se	ections A and B.								
b	Type II. A supporting orga			ion with it:	s supporte	d organization	ı(s), by hav	/ing			
~	control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	je the supr	oorted			
	organization(s). You mus			•							
	Type III functionally inte	avoted Agripporting	a organization operated	in connect	ion with a	nd functional	v integrate	d with.			
С							, <u>.</u>	. ,			
,	its supported organization	n(s) (see instructions). You must complete i	artiv, se	cuons A,	o, and L.	tad argani	ration(a)			
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	itti its suppor	eu organiz	zationi(s)			
	that is not functionally int						an attentiv	veness			
	requirement (see instructi	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	v.					
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III				
	functionally integrated, or	r Type III non-function	nally integrated supporting	ng orga <mark>ni</mark> z	ation.						
f Ent	er the number of supported o										
	vide the following information		d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	inization listed inn document?	(v) Amount of	-	(vi) Amount o			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see ins	tructions)		
			above (see instructional)								

								-			
]							
				<u> </u>							
					1144 (144) (144)						

Schedule A (Form 990 or 990-EZ) 2019 INC. 56-1413 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1514152.	1015353.	1056569.	1345185.	1026691.	5957950.
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to			•			
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
		1514152.	1015353.	1056569.	1345185.	1026691.	5957950.
	Total. Add lines 1 through 3	TOTATOT.	1013333.	10303030			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1464939.
	column (f)						
6	Public support. Subtract line 5 from line 4.				Water British Control		4493011.
Sec	tion B. Total Support						T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1514152.	1015353.	1056569.	1345185.	1026691.	5957950.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	172,167.	131,420.	74,820.	85,913.	97,965.	562,285.
9	Net income from unrelated business						}
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	12,743.	21,310.	11,271.	11,913.	16,323.	73,560.
	assets (Explain in Part VI.)	14,743.	<u> </u>	3. 3. 7. 2. 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.			6593795.
	Total support. Add lines 7 through 10		September 1	1 10,000,000,000,000,000,000		12	706,708.
12	Gross receipts from related activities,	, etc. (see instruction	ons)	d family or fifth to			
13	First five years. If the Form 990 is fo						
Λ.	organization, check this box and sto	p here				***************************************	
	ction C. Computation of Publ			I (6)		14	68.14 %
	Public support percentage for 2019 (15	57.86 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14		4.4.4. 00 4.00/		
162	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 IS 33 1/3% OF II	iore, check this bo	►X
	stop here. The organization qualifies	as a publicly supp	orted organization			المصام ويوجيد	***********
ł	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	IIS DOX
	and stop here. The organization qua	lifies as a publicly:	supported organization	ation			
178	10% -facts-and-circumstances tes	t - 2019. If the org	janization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop I	here. Explain in Pa	irt vi now the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶∟
ł	10% -facts-and-circumstances tes	t - 2018, If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
-	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a public	cly supported orga	nization	
12	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	ınd see instruction	s
-10	THE TOURISION II STO STATEMENT				Sch	edule A /Form 990	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A, Public Support If diffice grants, contributions, and memberable lates reached. (©) not include any "innusing grants.") Giffice grants, contributions, and memberable lates reached. (©) not include any "innusing grants.") Grans reached from admissions, sent-handless add of environe part forms, or contributions add of environe part forms, or contributions add of environe part forms, or contributions add of environe part forms, or contribution and of environe part forms, or contributed trade of the organization in any activity that is related to the organization is to execute the public of the trade of the innusing and innusing and innusi	Ω.	qualify under the tests listed by	elow, please comp	lete Part II.)				
Salester yet (of liteary year beginning in)			(1) 004 F	(h) 0010	(a) 2017	(d) 2018	(e) 2019	(f) Total
membrahip foar received. (Do not included on "Intrusinal grants.") 2 Gross excelpts from admissions, membrahadies add or services performed, or facilities furnished in any activity that is related to the organization's tax-exampl purpose of Gross receipts from admissions and the performance of Gross receipts from admissions and the performance of Gross receipts from admission that is related to the organization's tax-exampl purpose of Gross receipts from admission and the paid to or expended on its behalf 1 Tax revenues levied for the organization are continued and the paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without drivinge of Tax and the paid to ore separation of the paid to ore separation or separation or separation ore separation or separation			(a) 2015	(b) 2016	(C) 2017	<u>(u)∠∪!ŏ</u>	(6) 2013	W (Otal
include any 'unusual grants.'] Gross recolpts from admissions, merchandles sold or services per formed, or follities furnished in any schily 'that is related to the organization's tave-exempt purpose of grants and the property of the pro	1							
2. Gross receipts from administors, merchandles and or services performed, or facilities furnished in any actify that is related to the organization's tax-acentpt purpose of Gross receipts from activities that are not an unrelated radio or business under section 513 4. Tax revenues levied for the organization between the services of callities furnished by a governmental unit to the organization without charge of Total. Add lines 1 travel part of the services of callities furnished by a governmental unit to the organization without charge of Total. Add lines 1 travel part of the services of callities furnished by a governmental unit to the organization without charge of Total. Add lines 1 and services of callities furnished by a governmental unit to the organization without charge of Total. Add lines 1 and services of the services of								
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19	a 35 1/3% support tests - 2018. If the	ind etan hara The	e organization qual	ifies as a publicly	supported organiz	ation	> □
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more man 33 1/370, check mis box a h 33 1/300 cumport tacte - 2018 lifth	e organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%, a	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3% ch	eck this box and s	top here. The ora	anization qualifies	as a publicly supp	oorted organization	▶□
	20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	structions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
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	9b	Section 1	
	9c	1,000,000	
		100000	100
	10a		
	10h		

56-1413188 Page 6 Schedule A (Form 990 or 990-EZ) 2019 INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities d٢ b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Dheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

56-1413188 Page 7 Schedule A (Form 990 or 990-EZ) 2019 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (i) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b Fram 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) J Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

0-6-4-1-4	KONALD MCDONALD HOUSE OF CHALLE HELD	56-1413188	Page 8
Schedule A Part VI	(Form 990 or 990-EZ) 2019 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Par	C.
	(See instructions.)		
,			
<u></u>			
- L			<u></u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization RONALD MCDO

RONALD MCDONALD HOUSE OF CHAPEL HILL

Employer identification number 56-1413188

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only
Ū	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
•	Preservation of land for public use (for example, recrea	ition or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
u	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
J	year >		
4	Number of states where property subject to conservation ea	sement is located ➤	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>
J	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
Ü	Stati and foldings its and a second s		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
•	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expens	e statement and
Ū	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	ments that describes the
	to the second se		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	incial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	d balance sheet works of
~*	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in ful	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financ	ial gain, provide
2	the following amounts required to be reported under FASB	ASC 958 relating to these items:	
4	Revenue included on Form 990, Part VIII, line 1		> \$
a	Assets included in Form 990, Part X		.

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Sche	till Organizations Maintaining Co	ollections of Art	. Historic	al Trea	asures, or	Other:				
	Using the organization's acquisition, accessic	n and other records	check anv	of the fo	ollowing that r	nake sig	nificant u	ise of its		
3	collection items (check all that apply):	iri, and other records	, 0,,00		J	Ü				
_	Public exhibition	d	Loan	or exch	nange prograr	n				
a		e	Othe							
b	Scholarly research Preservation for future generations	Ŭ		-						
C	Provide a description of the organization's co	Hootions and evolain	how they fu	rther the	e organization	ı's exemi	ot purpo:	se in Part	XIII.	
4	During the year, did the organization solicit or	rections and explain	fart historic	al trace	ures or other	similar a	ssets			
5	to be sold to raise funds rather than to be ma	receive donations o	o organizati	on'e coli	lection?				Yes	No.
Dar	to be sold to raise tunds rather than to be ma	tements Comple	te if the oras	enization	answered "\					
га	reported an amount on Form 990, Par		ito ii tilo oigt	A 112.CC.1101	1 4110110100			, , .	•	
	Is the organization an agent, trustee, custodia		any for contr	ibutions	or other asse	ets not in	cluded			
та	on Form 990, Part X?	all of other intermedi	diy ior conta	Battone				[Yes	X No
	If "Yes," explain the arrangement in Part XIII	and complete the fell	owing table:							
b	if "Yes," explain the arrangement in Part Alli a	and complete me los	owning table.						Amount	
	B. A. Sankalana						1c			
	Beginning balance									
	Additions during the year									
е	Distributions during the year						1f			
f	Ending balance	000 B 13/ P	Od 6-4		atadial assau	nt liabilit			Yes	No
	Did the organization include an amount on Fo						y:			
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation na	s peen r	orovided on P	M line 10	<u> </u>	***************************************		
Par	t V Endowment Funds. Complete i				(c) Two years			years back	(a) Four	years back
		(a) Current year	(b) Prior 1	year .,655.	1,041			41,655.		041,655.
1a	Beginning of year balance	1,041,655.	T,041	,000.	7,041	, 055.			,	
b	Contributions	85,126.								
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							44 655		044 655
g	End of year balance	1,126,781.		L,655.	1,041	,655.	1,4	41,655.	<u> </u>	041,655.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	lumn (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are	held an	nd administere	ed for the	e organiz	ation	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	<u> </u>
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm	ent.								
L	Complete if the organization answere		, Part IV, line	e 11a. S	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other	(c) Ac	cumulat		(d) Book	value
	Francis I Francis	basis (investr	nent)	basis	(other)	dep	reciation	1		
10	Land									
b	Buildings	14 000	742.			2,8	54,4	97.	9,066	,2 <u>45.</u>
'n	Leasehold improvements	***								
4	Equipment	262	501.			3	51,0	61.	11	.,440.
	Other									
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Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 000 Part W lin	o 11c See Form 990 Part X line 13	
(a) Description of investment	n Form 990, Part IV, IIII (b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	Ç-7		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		1,041,655.
(1) INVESTMENTS - ENDOWMENT FU	ממ		1,041,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line	1E \		1,041,655.
Part X Other Liabilities.	10.1		
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1 (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL			37,015.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			25 015
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<u> </u>	37,015.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements the	at reports the

Sche	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With			TAIDIOO Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	2,074,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-308,125.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			222 125
е	Add lines 2a through 2d			2e	<u>-308,125.</u>
3	Subtract line 2e from line 1			3	2,382,411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	04 070		
а	Investment expenses not included on Form 990, Part VIII, line 7b		24,070.		
b	Other (Describe in Part XIII.)	4b		101 (0)	24,070.
c	Add lines 4a and 4b			4c	2,406,481.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statement	nte Mith	Evnances per E	5 l	
Pal		HICS AAICH	Expenses per in	Clair	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	2,142,075.
1	Total expenses and losses per audited financial statements		***************************************	33433	2,142,015.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a 2b			
b	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)			2e	0.
_	Add lines 2a through 2d			3	2,142,075.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************		
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,070.		
a b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	24,070.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	2,166,145.
	t XIII Supplemental Information.		,		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part X	, line 2; Part XI,

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

RONALD MCDONALD HOUSE OF CHAPEL HILL

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

INC.	recoolding it obs. of				56-1413	188
	Complete if the organization answer	red "Y	es" on	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part	4					
1 Indicate whether the organization rais						
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special :	fundra	ising e	events		
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessio	onal fu	indraising services?	Yes	
b If "Yes," list the 10 highest paid indiv		ant to a	agreer	nents under which th	ne fundraiser is to be	í
compensated at least \$5,000 by the	organization.					
		/101	Did		(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	(iii) fundr have cu or con	alser Istody	(iv) Gross receipts	(v) Amount paid to (or retained by)	to (or retained by)
or entity (fundraiser)	(ii) / iouvity	or con	trol of itions?	from activity	fundraiser listed in col. (i)	organization
		V	No			
		Yes	140			
	,					
		İ				
		L	<u> </u>			
Fotol			•			
Total 3 List all states in which the organization	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration
or licensing.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	

RONALD MCDONALD HOUSE OF CHAPEL HILL 56-1413188 Page 2 Schedule G (Form 990 or 990-EZ) 2019 INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events 2019 A (add col. (a) through 2019 GALA TASTEFUL AFF col. (c)) (total number) (event type) (event type) 574,197. 110,187. 318,794. 145,216. 1 Gross receipts _____ 2 Less: Contributions 318,794. 574,197. 110,187. 145,216. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs Direct Food and beverages 8 Entertainment 271,390 65,777. 16.106. 9 Other direct expenses 271.390 10 Direct expense summary. Add lines 4 through 9 in column (d) 302,807. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes Nο b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2019 INC.	56 - 14	77788	Page 3
11 Does the organization conduct gaming activities with nonmembers?	[Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	С	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		r	
a The organization's facility		3a	%
b An outside facility		3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	3 :		
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of the third triangle of the stat	ınt		
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:			
Name			
Address -			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_		<u></u>
retain the state gaming license?	L	Yes	L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	, tne		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III	, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schodule G	2 (Form 990 or 990-F7)	INC.	<u> 56-1413188</u>	Page 4
Dart IV	G (Form 990 or 990-EZ) Supplemental Infor	nation (continued)		
E CALLET Y	- onbhromentar mior	. continued)	 	
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SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information

RONALD MCDONALD HOUSE OF CHAPEL HILL

Inspection Employer identification number

56-1413188

OMB No. 1545-0047

Open to Public

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7 not described on lines 5 and 67 If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

56-1413188

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ible	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penerits	(r)-())(g)	in columi (b) reported as deferred on prior Form 990
(1) HEATHER SHANAHAN	Θ	43,678.	0	.0	0	0	43,678.	0
<u> </u>	: 6	v1	0	0	.0	.0	• 0	0
(2) LIZ SNYDER	ε	73,819.	0	0	3,69	.0	77,510.	• 0
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56-1413188

Schedule J (Form 990) 2019 INC •	56-1413188 Page 3	اہ
Part III Supplemental Information		1
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	te this part for any additional information.	
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	Schedule J (Form 990) 2019	9

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

RONALD MCDONALD HOUSE OF CHAPEL HILL

Employer identification number

56-1413188

INC. Types of Property Part I (d) (a) (b) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional Interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded g Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate · Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 104,839. MARKET VALUE 700 (HOUSING SUPPL) 25 100,000. MARKET VALUE 1 X (SHUTTLE SERVI) 26 6,500. MARKET VALUE (VEHICLE X Other > 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Nο Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Schedule M	(Form 990) 2019 INC.			56-1413188	Page 2
Part II	Supplemental Informat is reporting in Part I, column (this part for any additional info	ion. Provide the information requipments, the number of contributions, the rmation.	uired by Part I, lines 30b, 32b, and 3 e number of items received, or a co		ion lete
			,		
,					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

RONALD MCDONALD HOUSE OF CHAPEL HILL INC.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number 56-1413188

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCOMMODATIONS IN CLOSE PROXIMITY TO UNC CHILDREN'S HOSPITAL, THE
RONALD MCDONALD HOUSE OF CHAPEL HILL PROVIDES A COMPREHENSIVE MIX OF
CREATIVE AND PARTICIPATORY SERVICES DESIGNED TO ACTIVELY ENGAGE ALL
FAMILY MEMBERS, CREATE A COMMUNITY OF SUPPORT, AND EASE EVERYDAY
BURDENS SO FAMILIES CAN FOCUS ON WHAT MATTERS MOST - THE HEALTH AND
WELL-BEING OF THEIR CHILDREN.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REQUIRES PARTIAL ISOLATION AS THEY RECOVER FROM DIFFERENT TYPES OF
ORGAN TRANSPLANTS, BONE MARROW TRANSPLANTS AND OTHER CHALLENGING
CONDITIONS.
IN 2019, THE LONGEST FAMILY STAY WAS 284 NIGHTS AND IN 2018, THE
LONGEST FAMILY STAY WAS 201 NIGHTS, WHILE THE AVERAGE LENGTH OF STAY
WAS 7 NIGHTS. AS A RESULT OF CHANGES IN THE HEALTHCARE ENVIRONMENT, THE
HOUSE HAS CONTINUOUSLY EVOLVED AND RESPONDED BY INCREASING IN SIZE,
SERVICES AND SUPPORT FOR FAMILIES. THE HOUSE CONTINUES TO SEE LONGER
GUEST STAYS AS HEALTH CARE MOVES TOWARD A DELIVERY MODEL MORE
FREQUENTLY DRIVEN BY OUTPATIENT SERVICES. IN 2018, THE HOUSE SERVED
1,015 UNIQUE FAMILIES FOR A TOTAL OF 11,794 NIGHTS LODGED. IN 2019, THE
HOUSE SERVED 1,106 UNIQUE FAMILIES (11% INCREASE FROM 2018) FOR A TOTAL
OF 13,351 NIGHTS LODGED (13% INCREASE FROM 2018). WITH MANY FAMILIES
RETURNING MULTIPLE TIMES PER YEAR THE HOUSE CONSISTENTLY PROVIDES OVER
1,957 FAMILY STAYS, AN INCREASE FROM 1,670 IN 2018. THE INCREASE IN

FAMILY STAYS IS EXPECTED TO CONTINUE TO RISE AS THE POPULATION OF NORTH

CAROLINA CONTINUES TO GROW. ADDITIONALLY, AS THE UNIVERSITY OF NORTH

CAROLINA HEALTH SYSTEM CONTINUES TO EXPAND ITS FOOTPRINT AND INTEGRATE

INTO COMMUNITIES WHERE HOSPITALS LIKE CHATHAM, JOHNSTON, PARDEE,

CALDWELL, NASH, WAYNE, LENOIR, ROCKINGHAM AND ONSLOW EXIST, THE HOUSE

WILL NEED TO BE PREPARED TO SUPPORT THE POPULATION GROWTH IN THOSE

COMMUNITIES. IT IS EXPECTED THE HOUSE WILL CONTINUE TO SEE MORE

FAMILIES FROM ACROSS THE STATE COMING TO THE CHAPEL HILL, NORTH

CAROLINA HUB FOR SPECIALIZED MEDICAL SERVICES. THE ACTIVE BOARD AND

STAFF CONTINUE TO STRATEGIZE TO MEET THE NEEDS OF FAMILIES FROM ACROSS

THE STATE.

THE HOUSE OPERATES YEAR-ROUND, PROVIDING LODGING AND SERVICES TO

FAMILIES SEVEN DAYS PER WEEK, 365 DAYS PER YEAR. GUESTS HAVE ACCESS TO

A CLEAN, COMFORTABLE ROOM AS WELL AS MANY OTHER FREE SERVICES AND

AMENITIES TO HELP MINIMIZE THEIR EMOTIONAL AND FINANCIAL STRESS WHILE

CARING FOR THEIR CHILDREN. ABOUT HALF OF THE CHILDREN SERVED ARE ABLE

TO STAY WITH THEIR FAMILIES AT THE HOUSE, RETURNING TO THE HOSPITAL AND

OUTPATIENT SETTING DURING THE DAY TO RECEIVE CARE.

NO ONE IS EVER TURNED AWAY FROM THE HOUSE FOR FINANCIAL REASONS. IN

FACT, THE HOUSE EXISTS TO REDUCE THE FINANCIAL BURDEN FOR FAMILIES WHO

ARE EXPERIENCING WHAT IS OFTEN A VERY COSTLY AND CHALLENGING TIME. OUR

HOSPITAL PARTNER, THE UNIVERSITY OF NORTH CAROLINA HOSPITAL, TREATS

PATIENTS REGARDLESS OF FINANCIAL RESOURCES. MANY GUESTS ARE FROM

LOW-OR-MODERATE INCOME HOUSEHOLDS. WHILE THERE IS A REQUEST OF GUESTS

TO PAY \$25 PER NIGHT, NO FAMILY IS EVER TURNED AWAY BECAUSE THEY ARE

UNABLE TO PAY. OVER 60% OF THE FAMILIES SERVED CANNOT AFFORD TO COVER

ANY OF THE COSTS OF THEIR STAY. THE ESTIMATE COST TO HOST A FAMILY IS

Employer identification number 56-1413188

\$85 PER NIGHT. IN 2019, THE HOUSE SERVED 783 FAMILIES WHO RECEIVED MEDICAID BENEFITS FROM THE STATE OF NORTH CAROLINA. IN 2018, THE HOUSE SERVED 629 FAMILIES WHO RECEIVED MEDICAID BENEFITS FROM THE STATE OF NORTH CAROLINA.

THE HOUSE SUPPORTS FAMILIES FROM ALL WALKS OF LIFE; IN 2019, 68% WERE RECEIVING MEDICAID, AND 8.5% WERE IN THE MILITARY. IN 2019, 46% WERE CAUCASIAN, 26% WERE BLACK OR OF AFRICAN DESCENT, 9% WERE HISPANIC/LATINO, 1% WERE NATIVE AMERICAN, 1% WERE ASIAN AND 15% WERE OTHER OR UNDEFINED. IN 2018, 62% WERE RECEIVING MEDICAID, AND 9% WERE IN THE MILITARY. IN 2018, 45% WERE CAUCASIAN, 26% AFRICAN-AMERICAN, 10% HISPANIC/LATINO, 4% NATIVE AMERICAN, 1% ASIAN AND 14% OTHER OR UNDEFINED.

GUESTS ALSO FACE VARIOUS MEDICAL CONDITIONS AND FREQUENTLY CHILDREN HAVE MULTIPLE DIAGNOSIS. THE HOUSE MOST FREQUENTLY SERVES FAMILIES WITH CHILDREN IN THE AREAS OF NEWBORN CRITICAL CARE, PEDIATRIC INTENSIVE CARE AND HEMATOLOGY/ONCOLOGY. IN 2019, 9 TRANSPLANT PATIENTS, AND THEIR FAMILIES, UTILIZED THE APARTMENTS FOR THEIR POST-TRANSPLANT PLAN OF CARE FOR A TOTAL OF 499 NIGHTS. IN 2018, 14 TRANSPLANT PATIENTS, AND THEIR FAMILIES, UTILIZED THE APARTMENTS FOR THEIR POST-TRANSPLANT PLAN OF CARE FOR A TOTAL OF 871 NIGHTS.

AS A STATEWIDE ORGANIZATION, RONALD MCDONALD HOUSE OF CHAPEL HILL IS UNIQUE AMONG THE RONALD MCDONALD HOUSE PROGRAMS IN NORTH CAROLINA IN THAT FAMILIES FROM ALL 100 COUNTIES OF NORTH CAROLINA ARE SERVED THROUGH THE LONG-STANDING PARTNERSHIP WITH THE UNIVERSITY OF NORTH

Employer identification number 56-1413188

THE UNIQUE CARE AVAILABLE TO CHILDREN AT UNC CHILDREN'S ALSO DRAWS

FAMILIES FROM OTHER COUNTRIES. IN 2019, A FAMILY FROM COSTA RICA AND A

FAMILY FROM AUSTRALIA STAYED AT THE HOUSE. IN 2018, A FAMILY FROM COSTA

RICA AND A FAMILY FROM ITALY STAYED AT THE HOUSE.

THE HOUSE SEEKS TO BE A "HOME-AWAY-FROM-HOME" FOR EVERY FAMILY. WITH

THE SUPPORT OF VOLUNTEERS, NINE HOT MEALS ARE SERVED WEEKLY. 487 MEALS

WERE SERVED TO FAMILIES IN 2019 BY 112 MEAL GROUPS. 477 MEALS WERE

SERVED TO FAMILIES IN 2018 BY 124 MEAL GROUPS. IN 2019, THERE WERE 130

WORK GROUPS THAT CAME TO THE HOUSE TO SUPPORT THE FACILITY IN SOME WAY

FOR A TOTAL OF 2,443 HOURS. IN 2018, THERE WERE 117 WORK GROUPS THAT

CAME TO THE HOUSE TO SUPPORT THE FACILITY IN SOME WAY FOR A TOTAL OF

1,032 HOURS. OVERALL, IN 2019, THERE WERE 3,438 VOLUNTEERS THAT PUT IN

25,652 HOURS TO SUPPORT THE HOUSE. OVERALL, IN 2018 THERE WERE 3,438

VOLUNTEERS THAT PUT IN 24,293 HOURS TO SUPPORT THE HOUSE. VOLUNTEERS

ALSO SUPPORT FAMILIES WITH EVENING CRAFT ACTIVITIES, THERAPY DOGS AND

HOMEMADE GOODIES.

THERE ARE TWO ONSITE LAUNDRY FACILITIES THAT ALL GUESTS CAN ACCESS AND

FREE TRANSPORTATION TO UNC HOSPITALS. THE HOUSE ALSO FUNDS A FULLY

STOCKED PANTRY WITH INGREDIENTS FOR BREAKFAST, LUNCH AND "GRAB AND GO

MEALS" AT A COST OF \$22,000 ANNUALLY. FREE PARKING IS ALSO AVAILABLE TO

FAMILIES, ALONG WITH A LARGE GARDEN AND OUTDOOR SEATING AREAS FOR

REFLECTION.

AT MEALS AND IN COMMON SPACES, GUESTS HAVE THE OPPORTUNITY TO MEET
FAMILIES WHO FACE SIMILAR CHALLENGES, ENJOYING THE SUPPORT OF AN

NEWBORNS OR YOUNG CHILDREN, THE HOUSE PROVIDES HOSPITAL GRADE BREAST PUMPS WITH SPECIAL REFRIGERATORS AND FREEZERS FOR BREAST MILK STORAGE.

THE HOUSE IS IN ITS 10TH YEAR OF OPERATING A RONALD MCDONALD FAMILY

ROOM LOCATED ON THE 7TH FLOOR OF UNC CHILDREN'S HOSPITAL. ANY INPATIENT

FAMILY OF PEDIATRIC PATIENTS (INCLUDING THOSE NOT STAYING AT THE HOUSE)

ARE WELCOME TO VISIT THE FAMILY ROOM WHICK PROVIDES RESPITE AWAY FROM

THE CLINICAL HOSPITAL ATMOSPHERE. THE ROOM FEATURES A COMFORTABLE

LIVING ROOM AND A FULLY STOCKED EAT-IN KITCHEN. THE ROOM IS ALSO

STOCKED WITH BOOKS AND TOYS AND THREE CATERED MEALS AND FRESH-BAKED

COOKIES ARE PROVIDED WEEKLY. IN 2019, 2,538 UNIQUE INDIVIDUALS VISITED

THE FAMILY ROOM MANY TIMES TO UTILIZE THE ROOM FOR 9,661 RESPITE VISITS

FROM THE HOSPITAL ENVIRONMENT. IN 2018, 2,092 UNIQUE INDIVIDUALS

VISITED THE FAMILY ROOM MANY TIMES TO UTILIZE THE ROOM FOR 8,244

RESPITE VISITS FROM THE HOSPITAL ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

IN CONNECTION WITH THE ORGANIZATION'S ANNUAL AUDIT OF ITS FINANCIAL

STATEMENTS AND AUDIT PROCESS, THE FINANCE COMMITTEE RECEIVES AND REVIEWS IN

DETAIL THE ANNUAL FORM 990. FORM 990 IS THEN DISTRIBUTED FOR REVIEW AND

APPROVAL BY THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY DISTRIBUTED TO BOARD OF DIRECTORS ANNUALLY AND ACKNOWLEDGED IN WRITING.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION USES CANDID (FORMERLY GUIDESTAR) AND CHARITY NAVIGATOR FOR NON

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RONALD MCDONALD HOUSE OF CHAPEL HILL INC.	Employer identification number 56-1413188
PROFITS TO MAKE INFORMATION AVAILABLE AS WELL AS ACCESS TO	INFORMATION
THROUGH THE ORGANIZATION'S WEBSITE. ALSO INFORMATION IS A	VAILABLE UPON
REQUEST.	
FORM 990, PART XI, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

5 07 41	is term, note www.na.govie-nic providerate nic for chain	GOO WING II				
Automa	itic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
	ations required to file an income tax return other than Fo Form 7004 to request an extension of time to file income			s, REMICs	s, and trusts	
Type or print	RONALD MCDONALD HOUSE OF CHAPEL HILL			Taxpayer identification number (TIN) $56-1413188$		
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, so 101 OLD MASON FARM ROAD	ee instruct	tions.			
nstructions.	City, town or post office, state, and ZIP code. For a for CHAPEL HILL, NC 27517-4431	•				10141
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1 1
Application	on	Return	• •			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07 08
Form 990		02 03	Form 1041-A Form 4720 (other than individual)			09
Form 4721 Form 990	O (individual)	03	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
Teleph If the o If this is OOX ▶ 1 rec the	HEATHER SHANAHA oks are in the care of ► 101 OLD MASON F one No. ► 919-913-2040 rganization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization ramed above. The extension is for the organization that is for less than 12 months of	in the Uniter In	Fax No. ited States, check this box	If this is fo all members	r the whole group ers the extension npt organization re	is for.
2 If th	e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return	Final retur	'n	
	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.
estir	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using FFTPS (Flectronic Federal Tax Payment System). See instructions. 3c \$					0.
	g EFTPS (Electronic Federal Tax Payment System). See					

.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.